

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 37, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 28 1997 8:00am  
Secretary of State

DOCUMENT # N96000005896 (3)

1. Corporation Name

THE ASSOCIATION FOR ALTERNATIVES INC.



Principal Place of Business

Mailing Address

6050 SW 33 PLACE  
FORT LAUDERDALE FL 33314

6050 SW 33 PLACE  
FORT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 6050 SW 33 Pl.

2a. Mailing Address

26 6050 SW 33 Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 FT LAUDERDALE FL

City & State

28 FT LAUDERDALE FL

Zip

Country

24 33314

25 USA

Zip

Country

29 33314

30 USA

9. Name and Address of Current Registered Agent

BRYAN, ANDREW  
6050 SW 33 PLACE  
FORT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/16/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

ANDREW BRYAN

6050 SW 33 Pl.

FT LAUDERDALE FL 33314

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

CYNTHIA LEON

Route 1 Box 15

STAINIER MS. 39481

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

JUDITH MEINTJES

8401 NW 29TH ST

SUNRISE FLORIDA 33322

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002280684

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\*\*\*70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8/16/97 305 2850222

CR2E037 (4/97)